

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	1					
15	1					
16	2					
17	2					
18	1					
19	1					
20	1					
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TOTAL IND.	6					
TOTAL DEP.	25	→	→	→	→	→
TOTAL CLAIMS	31	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	6					
TOTAL DEP.	25	→	→	→	→	→
TOTAL CLAIMS	31	██████████	██████████	██████████	██████████	██████████